#### goo goo Dolls Concert APPLICATION FOR SPECIAL DESIGNATED LICENSE CITY OF LINCOLN CITY CLERK'S OFFICE 555 S 10TH ST LINCOLN NE 68508 PHONE: (402) 441-7438 YES [ NO 🚺 DO YOU NEED POSTERS? RETAIL LICENSE HOLDER NON PROFIT APPLICANT Non Profit Status (check one that best applies): Municipal Political Fine Arts Fraternal Religious Charitable Public Service COMPLETE ALL QUESTIONS Beer ✓ Wine ✓ Distilled Spirits ✓ 1. 2. Liquor license number and class (i.e. C55441, CK55441) CK049926 (If you're a nonprofit organization leave blank) Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on 3. your liquor license) PERSHING CENTER NAME: 226 CENTENNIAL MALL SOUTH ADDRESS: LINCOLN CITY: 68508 ZIP: Location where event will be held; name, address, city, county, zip code 4. PERSHING CENTER **BUILDING NAME:** 226 CENTENNIAL MALL SOUTH LINCOLN ADDRESS: CITY: 68508 LANCASTER ZIP: **COUNTY & COUNTY #:** Is this location within the city/village limits? YES√ NO b. Is this location within the 150' of church, school, hospital or home NO YES for aged/indigent or for veterans and/or wives? Is this location within 300' of any university or college campus YES NOV

b.  Indicate Dance Other:  Descript Inside b	e type of activity to e Reception and etion of area to be libraried building, dimension or area dimensions	be carried on during Fund Raiser	ered IN FEET (not	x square feet or acre	Hours From To  Sampling/Tasting
a. b. Indicate Dance Other: Descript Inside b	Alternate date:  Alternate location: (Alternate date or e type of activity to e Reception and etion of area to be libraried in the control of area dimensions or area dimensions	he carried on during Fund Raiser  Smoking Area  icensed as of area to be covered on the covered on the covered on the covered on the covered of area to be covered on the covered of the cover	e specified in localing event:    V   Beautified   Pered   Per	From To  II approval)  eer Garden  x  square feet or acre	From To Sampling/Tasting
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Dance Other:  Descript Inside b	Reception  and  and  ation of area to be librariation  building, dimension  or area dimensions	Fund Raiser  Smoking Area  licensed as of area to be covered  of area to be covered	ered IN FEET (not	x square feet or acre	
Inside b	ouilding, dimension or area dimensions	s of area to be cove	(not	square feet or acre	es)
			copy of sketch) (s	sample sketch)	
fe	ence snov	remises be enclose v fence vch In link or double strand of 4' p	ain link	]cattle panel —	tent
How mar	ny attendees do yo	ou expect at event?	7,000		
alcohol b	peverages. (Attach	cate the steps that separate sheet if r DYEES WILL CHECK ID'S AN	needed)	event underage per	sons from obtainin
Will prem	nises to be covered	d by license comply	v with all Nebraska	sanitation laws? Y	⁄ES[√]NO[_]

Non-Profit: Where will you be purchasing your alcohol?  Non-Profit: Where will you be purchasing your alcohol?					
	Wholesaler Retailer (includes wineries)	Both	ВУО		
12.	Will there be any games of chance operating of the so, describe activity: N/A	g during the ev	ent? YES NO		
	NOTE: Only games of chance approved by the Depal forms of gambling are prohibited by State Law: There funds for a charity. This is only an application for a Sp gambling permit application.	are no exceptions	for Non Profit Organizatio	ons or any events raising	
13.	Any other information or requests for exemple event, complete NLCC form 140): N/A	otions ( <b>must</b> be	received by Commis	sion 30 days prior to	
		-		<del>-</del>	
14.	Name and <b>telephone number/cell phone</b> in the location of the event when it occurs, able enforcement before and during the event, as laws, ordinances, rules and regulations are	e to answer any nd who will be r	questions from Com esponsible for ensuring	mission and/or law ng that any applicable	
	Print name of Event Supervisor: THOMAS E. LOP	RENZ			
	Signature of Event Supervisor: 4014	Horan.	3		
	Event Supervisor phone: Before 402-904-4	444	During 402-416-5	5227	
	Email address: TLORENZ@SMGLINCOLN.COM				
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.				
sign	James X Diams	CENEDAL MA	NACER	4.00.0044	
here	Authorized Representative/Applicant	GENERAL MAI Title	VAGER	4.28.2014 Date	
	THOMAS E. LORENZ	_			
'hin !==	Print Name  Iividual must be listed on the application as an office	oor or stockholds	ur unlace a letter has be-	on filed appointing on	
THE DIE	nyiunaciinasi be iisteu un lite audiilalion as an oitii	CELUL BIUCKIUMIE	a unicaa o ichel has ber	311 INGU 81313131111111111 877	

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

### This page is required to be completed by Non Profit applicants only.

## Application for Special Designated License Under Nebraska Liquor Control Act Affidavit of Non-Profit Status

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

	NAME OF CORPORATION	
	FEDERAL ID NUMBER	
	SIGNATURE OF TITLE OF CORPORATE OFFICERS	
APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF	'E IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-	
131.01) NEBRASKA LIQUOR CONTROL ACT	, <b>,</b>	
SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME 1	THISDAY OF	
· · · · · · · · · · · · · · · · · · ·		
	NOTARY PUBLIC SIGNATURE & SEAL	

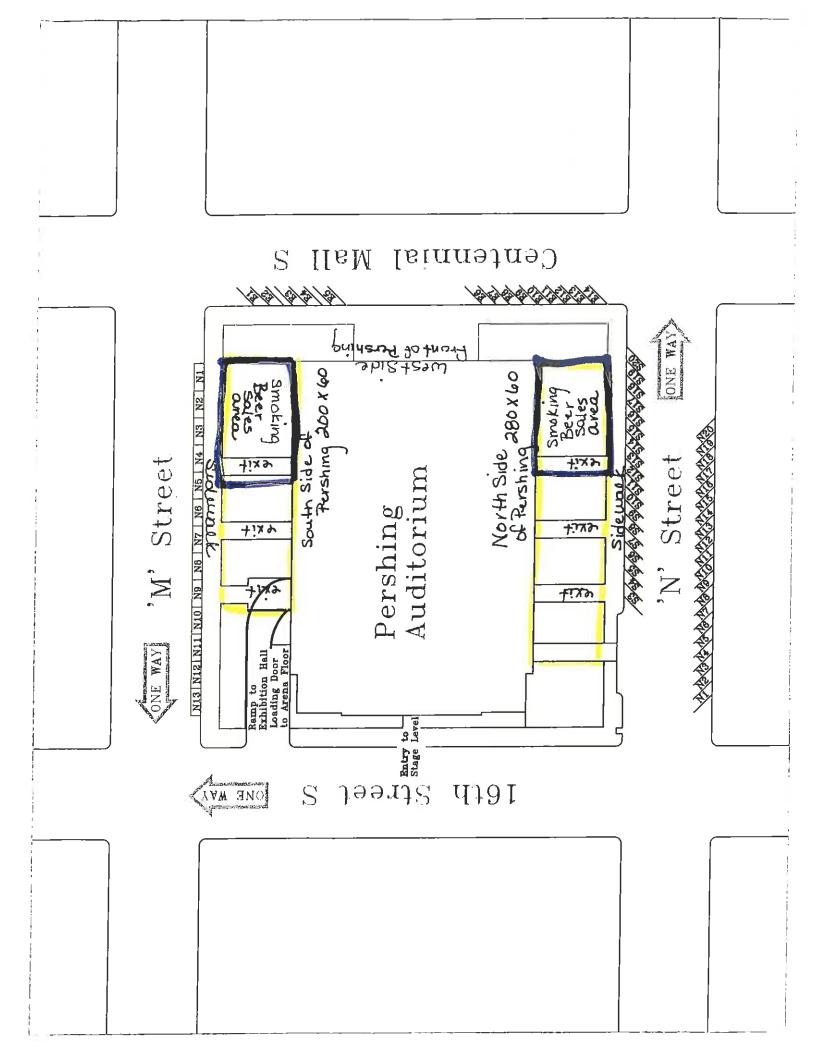
# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

Name of Event: 0	GOO GOO DOLLS CONCERT		
Applicant and Spo	onsoring Organization or Individual (i	f applicat	ole): PERSHING CENTER
Date(s) of Event:	AUGUST 6, 2014	Hours:	7:00 PM
Alternate Date(s):	N/A	Hours:	N/A
Is the event open to	the public?	□No	
How will you ensure	that minors will not be served or cor	nsume be	verages containing alcohol:
TRAINED PERSHING CEN	TER EMPLOYEES WILL CHECK ID'S AND WRIST	BAND	
Will food be served?		s, please	list food to be served: POPCORN, HOTDOGS,
Will non-alcoholic be If yes, please list non	everages be served:  Yes n-alcoholic beverages to be served:	BOTTLE	NO WATER & PEPSI PRODUCTS
	everages containing alcohol? TRAINIte Server/Seller Applicant Information		
Have the designated	servers received responsible bevera	age serve	er training?
Will there be a charge	e for admission?		No
In the last 12 months, you were the special	, have you received notice of a liquo designated licensee?	r law viola	ation that occurred during an event at which No If so, explain:
Applicant's Signature	nng_		4.28.2014 Date

# SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. 2. 3. 4. 5.	Number of Entry & Exit Points & Dimensions: (PLEASE SEE 'X MAP ') Size & location of tent(s) (heights, width, depth) Size of area being used (280 × 60 pr 200 × 60 ) Location & type of cooking equipment (if used) Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing. Height & type of fencing to be used.
patr	e: Two (2) exit points must be indicated on your drawing. These exits <u>cannot</u> lead rons into the building. Questions relating to entry/exit points; electrical wiring; tent es can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.
	WILL BE USING 6' HIGH CHAIN LINK OR DOUBLE STRAND OF 4' PLASTIC FENCE.
	PLEASE SEE ATTACHED MAP



### SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
THE CITY CLERK'S OFFICE HAS THE	LIST OF	OUR	DESIGNATED SERVERS
ON FILE			